

CLAIMS ONLY						Application Number <i>10/501953</i>	Filing Date					
						Applicant(s)						
						* May be used for additional claims or amendments						
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		Indep	Depend	Indep	Depend	Indep	Depend
	Indep	Depend	Indep	Depend	Indep	Depend						
1	/	/	/				51					
2	/	/	/				52					
3	2	/	/				53					
4	2	/	/				54					
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45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
Total Indep	2		2				Total Indep					
Total Depend	5	←	5	←	←		Total Depend	←	←	←	←	
Total Claims	7		7				Total Claims					